

Complete Summary

GUIDELINE TITLE

Integrating substance abuse treatment and vocational services.

BIBLIOGRAPHIC SOURCE(S)

Substance Abuse and Mental Health Services Administration (SAMHSA).
Integrating substance abuse treatment and vocational services. Rockville (MD):
U.S. Department of Health and Human Services, Public Health Service, Substance
Abuse and Mental Health Services Administration, Center for Substance Abuse
Treatment; 2000. 225 p. (Treatment Improvement Protocol [TIP] Series ; no. 38).
[185 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Substance use disorders

GUIDELINE CATEGORY

Counseling
Evaluation
Management
Screening
Treatment

CLINICAL SPECIALTY

Psychology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Managed Care Organizations
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

- To introduce vocational issues and concepts and describe how these can be incorporated into substance abuse treatment.
- To assist alcohol and drug counselors with the task of addressing the vocational and employment needs of their clients, especially in light of legislative and policy changes.
- To help treatment programs rethink their philosophies and restructure their services around the belief that productive activity (work) is crucial to the health and long-term recovery of clients.

TARGET POPULATION

Substance abusers

INTERVENTIONS AND PRACTICES CONSIDERED

Screening/Evaluation

1. Evaluation of the following areas through screening, history taking, and assessment instruments:
 - Vocational needs
 - Work history and work potential
 - Functional status
 - Medical and psychological conditions that may affect the type of employment
 - Clinical and legal issues surrounding clients' past histories
2. Assessment tools for categories of interests:
 - Geist Picture Interest Inventory
 - Kuder Occupational Interest Survey
 - Reading-Free Vocational Interest Inventory
 - The Self-Directed Search
 - Strong Interest Inventory
 - Vocational Preference Inventory Interest Checklist
 - Wide Range Interest Opinion Test
3. Assessment tools for vocational functioning:
 - Addiction Severity Index
 - Career Attitudes and Strategies Inventory™
 - Career Thoughts Inventory™
 - My Vocational Situation
 - Wonderlic Basic Skills Test

- Work Potential Profile
- 4. Assessment tools for functioning in particular areas related to employability:
 - Addiction Severity Index
 - Employability evaluation
 - Employability plan
 - Interview information
 - Placement readiness checklist
 - Previous work experience
 - Readiness planning checklist
- 5. Assessment tools for emotional functioning:
 - Interview information
 - Tennessee Self-Concept Scale
 - The Psychological Screening Inventory
 - Verified work history
- 6. Assessment tools for intellectual and aptitude functioning:
 - Addiction Severity Index
 - Adult Basic Learning Examination (ABLE)
 - Educational experience and records
 - General Aptitude Test Battery (GATB)
 - Microcomputer Evaluation, Screening, and Assessment (MESA)
 - Minnesota Clerical Test
 - Peabody Picture Vocabulary Test
 - Revised Beta Examination
 - Slosson Intelligence Test
 - Wechsler Adult Intelligence Scale (WAIS-R)
 - Wide Range Achievement Test (WRAT)

Counseling/Management/Treatment

1. Prevocational and pre-employment counseling
2. Referral outside as appropriate
3. Referral inside a authentically connected referral network when available and appropriate
4. Vocational training, rehabilitation, and education:
 - School-to-work transition programs
 - On-the-job training
 - Apprenticeship programs
 - Technical colleges and schools
 - Community-sponsored adult education
 - Colleges and universities
5. Employment services:
 - Job-seeking skills and training
 - Job development and placement
 - Supported work programs
 - Job retention and advancement
6. Biopsychosocial-Spiritual model of treatment
7. Individualized treatment planning
8. Multidisciplinary participation for planning
9. Interagency collaboration between vocational services and substance abuse treatment
10. Strategies to help clients cope with medical, psychological, environmental, social, or legal challenges to securing employment

11. Planning, implementation, and operation of an integrated onsite vocational program
12. Establishment of treatment outcomes and methods for data collection
13. Addressing special needs of ex-offenders

MAJOR OUTCOMES CONSIDERED

- Employment rates among substance abusers
- Retention rates for substance abuse treatment
- Rates of relapse to addiction
- Recidivism rates among ex-offenders

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

All Treatment Improvement Protocols (TIPs) are produced after a major literature search, which is followed by a meta-analysis conducted by skilled professionals on the contractor's staff. Then the research-based evidence is combined with whatever field-based experience is shared at the consensus panel.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Meta-Analysis
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

After selecting a topic for a Treatment Improvement Protocol (TIP), the Center for Substance Abuse Treatment invites staff from pertinent Federal agencies and national organizations to a Resource Panel that recommends specific areas of focus as well as resources that should be considered in developing the content of the TIP. Then recommendations are communicated to a Consensus Panel composed of non-Federal experts on the topic who have been nominated by their peers. This Panel participates in a series of discussions; the information and recommendations on which they reach consensus form the foundation of the TIP.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A large and diverse group of field experts closely reviewed the draft document.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The Consensus Panel's recommendations, summarized below, are based on both research and clinical experience. Those supported by scientific evidence are followed by (1); clinically based recommendations are marked (2).

The Need for Vocational Services

- Vocational services should be an integral component of all substance abuse treatment programs. (2)
- If work is to be sustained and enduring lifestyle changes made, the vocational services provided to clients must focus on pathways into careers, on job satisfaction, and on overcoming a variety of barriers to employment, as well as on the needed skills for maintaining employment. (2)
- A number of changes that are affecting today's workforce must be taken into account when delivering vocational services to substance abuse treatment

- clients. Because the world of work is dynamic and job obsolescence is a well-documented phenomenon, vocational services must reflect these changes. (1)
- There are several U.S. laws in the area of welfare reform with which alcohol and drug counselors should be familiar. These U.S. laws must be monitored closely because they signal time periods when financial support will be terminated for clients. These U.S. laws are as follows: (1)
 - The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
 - The Contract With America Advancement Act
 - The Adoption and Safe Families Act of 1997
 - The Workforce Investment Act of 1998
 - The Americans With Disabilities Act
 - In response to welfare reform efforts, substance abuse treatment programs should address the vocational needs of women and offer them a full range of vocational services. (1)

Vocational Programming And Resources

- Initial vocational screening can be done by an alcohol and drug counselor, and more in-depth assessment should be conducted by a vocational rehabilitation counselor or vocational evaluator. (1)
- The vocational component of the treatment plan is a dynamic process and should be periodically evaluated to determine whether the stated goals are still viable and appropriate, further assessment is needed, or any adjustments in the plan are required. All professionals involved in the client's treatment plan should maintain a close working relationship and a dialog about the client's progress so that appropriate adjustments to the client's treatment plan can be made. (1)
- Screening allows the counselor to determine the kinds of vocational services the client may need and to develop an appropriate vocational component to the treatment plan. Screening should enable the alcohol and drug counselor to accomplish the following (although not to the degree of detail that would be provided through a follow-up assessment or counseling by a vocational specialist): (1)
- Identify the client's major employment-related experience, as well as her associated capacities and limitations
- Determine what referrals will help the client attain successful employment (if needed)
- Identify the necessary resources to make employment feasible for the client (e.g., transportation, day care)
 - Determine whether further assessment is needed to develop the vocational component of the treatment plan
- The functional assessment should be performed by professionals who are well versed in how an individual's skills and interests lead to successful vocational outcomes. Normally the vocational rehabilitation counselor or vocational evaluator fits this description; however, the alcohol and drug counselor often has vital information about a client's level of functioning. In complex cases, functional assessment can be accomplished with input from a multidisciplinary team. (1)
- The next step after assessment is to counsel clients about setting vocational goals and creating short- and long-term plans for achieving those goals. To develop a plan with a client, factors to consider include the results of

- assessments, employment opportunities in the local area, existing training resources in the client's area of interest, the feasibility of alternative goals when full-time employment is not an option, and client empowerment to make the necessary decisions. (2)
- For referral purposes, it is important for the clinician to be familiar with the local vocational resources available to clients (1). Before referring clients to State vocational rehabilitation agencies, the alcohol and drug counselor should first develop a relationship with the assigned vocational rehabilitation office. (2)

Clinical Issues Related to Integrating Vocational Services

- To help clients attain work-related goals that will also support their recovery, the alcohol and drug counselor should consider the cultural, sociopolitical, physical, economic, psychological, and spiritual circumstances of each client. This is known as the "biopsychosocial-spiritual" model of treatment. (1)
- To successfully incorporate vocational services into substance abuse treatment, the alcohol and drug counselor must first acknowledge that vocational training, rehabilitation, and employment are important areas of concern for clients. (2)
- Clinicians can best address vocational issues by considering their relevance at every stage in the client's treatment, including their incorporation into individualized treatment plans. Preliminary information on vocational needs should be collected and assessed at intake. (2)
- The Consensus Panel believes, based on its collective experience, that three key elements are essential to effectively address the vocational needs of clients in the recovery process. They suggest that clinicians: (2)
 - Use screening and assessment tools, specifically for vocational needs, when appropriate.
 - Develop and integrate a vocational component into the treatment plan.
 - Counsel clients to address their vocational goals and employment needs.
- Clinicians often play a mediating role between clients and employers and should take advantage of opportunities to educate the employer on substance abuse issues and how to address them in appropriate policies. (2)
- In defining the client's educational needs and exploring resources available to meet them, it is important to recognize that the client's past experience with the educational system may strongly influence work-related decision-making. (2)
- Clinicians should receive basic information about clients' medical and psychological condition at intake, since certain medical and psychological limitations may affect the type of employment for which they are best suited. (2)
- Clinicians should be alert to clinical and legal issues surrounding clients' past histories and recognize their implications for employment. (2)
- The counselor should be alert for the presence of relapse triggers that have affected the client in the past and help the client recognize and cope with them. The treatment plan should provide for effective management of all relapse triggers that are relevant to the individual. (2)
- To achieve therapeutic goals in the domain of employment, the clinician should develop a treatment plan that addresses the client's vocational training, rehabilitation, and employment needs. (2)

Integrating Onsite Vocational Services

- Employment and vocational services should be a priority in substance abuse treatment programs, and employment should be addressed as a goal in treatment plans. The Consensus Panel recommends that if possible, a substance abuse treatment program should add at least one vocation rehabilitation counselor to its staff. Should the size of the program or other fiscal shortcomings prevent this, arrangements should be made to have a vocational rehabilitation counselor easily accessible to the program. (2)
- Every treatment program should consider itself part of a collaborative interagency effort to help clients achieve productive work. (2)
- The treatment program must determine the parameters of what it can offer clients in terms of vocational services. (2)
- Programs must ensure that staff members have a thorough knowledge of the diverse populations represented in their treatment program and the particular challenges that different groups face in securing and maintaining work. It is also important to understand various cultural attitudes toward work. (2)
- Counselors should evaluate their clients' personal plans for change to determine whether the vocational goals they set are realistic (not too high or too low) and whether achieving the goals will allow them to make a sufficient living and support continued recovery. (2)
- Each substance abuse treatment program must define successful outcomes appropriate to the population it serves and ensure that funders understand the importance of these outcomes and the services necessary to achieve them. (2)

Effective Referrals and Collaborations

- Collaboration is crucial for preventing clients from "falling through the cracks" among independent and autonomous agencies providing disparate and fragmented services. Effective collaboration is also the key to seeing the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider. (2)
- Programs must reflect the fact that it is not feasible or effective to provide everything that clients need "under one roof." A more fruitful approach is to collaborate with other agencies on the basis of client needs and overlapping client caseloads. (2)
- All collaborators, including those providing treatment for substance abuse, should be aware that their efforts are likely to be ineffective unless all the client's life areas are addressed. To that end, each agency must recognize the existence, roles, and importance of the other agencies in achieving their goals. (2)
- Building an integrated service model based on community partners must begin from the client's base, taking into account his values and building on the strengths of his culture to create referrals that are appropriate and effective for his particular needs. (2)

Funding and Policy Issues

- To maintain financial solvency in this new era of policy and funding shifts, alcohol and drug treatment agencies must forgo their traditional

- independence and focus on building collaborative partnerships to meet their clients' needs. (2)
- A requirement for system competency (specifically, an understanding of funding sources and strategies) should be incorporated into Certified Addiction Counselor training and certification. (2)
- Policymakers at the U.S. Federal and State levels should work together to create financial incentives for collaboration between substance abuse treatment providers and agencies that provide other services to an overlapping population. (2)

Legal Issues

- Alcohol and drug counselors providing vocational rehabilitation services directly or through referral should be aware of legal and ethical issues in three areas: discrimination against recovering individuals, welfare reform, and confidentiality. (2)
- Counselors should be familiar with the U.S. Workforce Investment Act of 1998, which Congress passed to improve the workforce, reduce welfare dependency, and increase the employment and earnings of its participants. A major emphasis of this law is its "work first" approach, which strongly encourages the unemployed to find work before requesting training. (2)
- Counselors should be familiar with the U.S. Drug-Free Workplace Act and how it may affect their clients in recovery from substance abuse disorders. Counselors should help their clients prepare for interviews and help them deal with any employment discrimination issues that may arise. (2)
- Counselors should be familiar with confidentiality and disclosure issues and how these issues affect working with other agencies that are providing services to the client. (2)

Working With the Ex-Offender

- Substance abuse treatment programs that engage ex-offenders should offer clients respect, hope, positive incentives, clear information, consistency, and compassion. Counselors need to provide these clients with an understanding of a career ladder that they will be able to climb and help them to see how skills and talents that have served them in the past can help them succeed in legitimate occupations as well. (2)
- Programs can encourage and assist clients to acquire a General Equivalency Diploma (GED) by locating the General Equivalency Diploma classes in the treatment site. (2)
- Vocational rehabilitation staff should be invited to spend some time at the substance abuse treatment program site. In this way, clients will regard vocational rehabilitation staff as part of the "treatment family." (2)
- Treatment programs can incorporate job and skills training by providing clients with opportunities to perform jobs at the treatment site. (2)
- Programs should provide clients with guidance on budgeting. Many ex-offenders have not learned how to budget money. (2)
- Counselors should assist clients who are ex-offenders in following through on referrals and assembling necessary documents, such as social security cards and school transcripts. (2)
- Programs can match clients to mentors/peers who will assist clients with all components of the vocational training or job placement tracks. (2)

- For female clients in particular, programs should include education in parenting skills and skills in finding child care. (2)
- Once released from incarceration, women with substance abuse disorders should go immediately to substance abuse treatment centers. Ideally, the treatment program would form a linkage to the prison so that counselors have the opportunity to "reach in" to women while they are still incarcerated. (2)
- Counselors should assess safety issues before women return to potentially violent environments, and a safety plan should be developed and implemented. (2)
- To increase retention of female clients, it is important to find or develop a gender-sensitive program that offers a continuum of care, including aftercare. (2)
- Counselors should help clients who are ex-offenders to focus their job search on occupations and employers who do not bar ex-offenders, develop realistic goals, clean up official criminal histories ("rap sheets"), know when to disclose information about a criminal record, and learn to see their employment situation from the perspective of potential employers. These clients need to prepare and practice a statement that acknowledges a substance abuse and criminal history and offers evidence of rehabilitation, a statement explaining their interest, a statement about positive aspects of their backgrounds, and a method of responding to illegal questions such as "Have you ever been arrested?" (2)
- Treatment programs can assist clients who are ex-offenders by educating employers about the benefits of hiring such clients, educating clients about the work environments they can expect to encounter, and helping clients assess whether a potential job will provide a supportive environment for recovery from a substance abuse disorder. (2)

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Recommendations are based on a combination of clinical experience and research-based evidence. The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate management of vocational and employment needs among substance abusers
- Integration of vocational services with substance abuse treatment in order to assist with the physical and emotional recovery of clients with substance abuse disorders

- Higher retention rates in treatment and the likelihood of a successful outcome. A finding from numerous research studies is that employment before or during substance abuse treatment predicts both longer retention in treatment and the likelihood of a successful outcome.
- Lower rates/severity of relapse to addiction. Employment helps moderate the occurrence and severity of relapse to addiction
- Lower rates of recidivism among ex-offenders

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Throughout this Treatment Improvement Protocol (TIP), the term "substance abuse" has been used in a general sense to cover both substance abuse disorders and substance dependence disorders (as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. [DSM-IV] [American Psychiatric Association, 1994]). Because the term "substance abuse" is commonly used by substance abuse treatment professionals to describe any excessive use of addictive substances, it will be used to denote both substance dependence and substance abuse. The term does relate to the use of alcohol as well as other substances of abuse. Readers should attend to the context in which the term occurs in order to determine what possible range of meanings it covers; in most cases, however, the term will refer to all varieties of substance use disorders as described by the DSM-IV.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Treatment Improvement Protocols are distributed to facilities and individuals across the country.

The original Treatment Improvement Protocol document includes resources to help providers implement the recommendations in the Treatment Improvement Protocol.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Substance Abuse and Mental Health Services Administration (SAMHSA). Integrating substance abuse treatment and vocational services. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment; 2000. 225 p. (Treatment Improvement Protocol [TIP] Series ; no. 38). [185 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000

GUIDELINE DEVELOPER(S)

Substance Abuse and Mental Health Services Administration (U.S.) - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Treatment Improvement Protocol (TIP) Series 38 Consensus Panel

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Panel members included representatives from all aspects of vocational rehabilitation (VR) and substance abuse treatment: vocational rehabilitation specialists, alcohol and drug counselors, academicians, State government representatives, and legal counsel.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [National Library of Medicine Health Services/Technology Assessment \(HSTAT\) Web site](#).

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from [NCADI's Web site](#) or by calling (800) 729-6686 (United States only).

AVAILABILITY OF COMPANION DOCUMENTS

None available

NGC STATUS

This summary was completed by ECRI on April 29, 2001. The information was verified by the guideline developer as of May 29, 2001.

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